

*In the United States District Court
For the Middle District of Alabama*

ASD SPECIALTY HEALTHCARE, INC. dba
ONCOLOGY SUPPLY COMPANY,

Plaintiff(s),

v.

ONCOLOGY HEMATOLOGY CENTERS OF
ATLANTA, P.C. AND LLOYD G. GEDDES,

Defendant(s).

ALIAS SUMMONS

(Issued pursuant to Rule 4
of the Federal Rules of
Civil Procedure or other
appropriate laws.)

CIVIL ACTION CASE NUMBER:
1:05-CV-00591-MEF-SRW

TO DEFENDANT

Oncology Hematology Centers of Atlanta, P.C.
c/o Raquel M. Gayle, Registered Agent
600 Peachtree Street, Suite 5200
Atlanta, Georgia 30308

You are hereby summoned and required to serve upon plaintiff's attorney(s):

James J. Robinson, Esq.
Heath A. Fite, Esq.
BURR & FORMAN LLP
420 North 20th Street, Suite 3100
Birmingham, Alabama 35203

a response to the complaint which is herewith served upon you, within 20 days after service of this alias summons upon you, exclusive of the day of service. IF YOU FAIL TO DO SO, JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE COMPLAINT. A signed copy of your response MUST also be filed with the court.

DATE: Oct. 3, 2005

SEE REVERSE SIDE FOR RETURN

NOTE: A separate summons must be prepared for each defendant.

Debra P. Hackett, CLERK

By: [Signature]
(SEAL OF COURT)

CLERK, U. S. DISTRICT COURT
MIDDLE DISTRICT OF ALABAMA
One Church Street, Courthouse
Montgomery, Alabama 36104

CASE NO. 1:05-CV-00591-MEF-SRW

RETURN ON SERVICE OF WRIT

I hereby certify and return that on the _____ day of _____, 2005, I served this alias summons together with the complaint as follows:

- ☐ By personal service on the defendant at
- ☐ By serving a person of suitable age and discretion then residing in the defendant's usual place of abode. (Give name and address of person served.)
- ☐ By serving an officer, a managing or general agent, or any other agent authorized by appointment or by law to receive service of process of the defendant corporation, partnership, or unincorporated association. (Give name, capacity and address of person served.)

Raquel M. Gayle, Registered Agent for
Oncology Hematology Centers of Atlanta, P.C.
600 Peachtree Street, Suite 5200
Atlanta, Georgia 30308

I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date

Authorized or Specially Appointed Process Server

I hereby certify and return this _____ day of _____, _____, that I am unable to locate the individual, company, corporation, etc. named in this summons.

I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date

Authorized or Specially Appointed Process Server

Cost of Service:	Service fee:	\$ <u>0.00</u>
	Expenses: _____ miles @ _____ cents	\$ <u>0.00</u>
	TOTAL:	\$ <u>0.00</u>